

COMMONWEALTH OF MASSACHUSETTS ONE DAY MARRIAGE DESIGNATION INSTRUCTIONS

- 1) Applications MUST be received 6 weeks prior to the date of the wedding.
- 2) Applicants are allowed only ONE DESIGNATION PER CALENDAR YEAR**
- 3) Completed applications are to be submitted WITH a \$25 registration fee made payable to the Commonwealth of Massachusetts. This fee can be paid by anyone. Applications approved by Governor Mitt Romney will be forwarded to the Secretary of State's Office for processing. APPLICATIONS THAT ARE RECEIVED WITHOUT THE REQUISITE CHECK WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED.
- 3) The names of the applicant, Party A and Party B must be typed or printed as you wish them to appear on the certificate that will be issued by the Secretary of State's Office. This information must coincide with the names printed on the marriage certificate. Illegible applications will cause a delay in processing the application.
- 4) A letter of reference stating the applicant's high standard of character is required for all applicants. The letter of reference can be written by anyone, except Party A or Party B. Applications will not be processed without a letter of reference.**
- 5) The Secretary of State's Office will then issue a Certificate of Solemnization. The married parties must turn in this certificate to their town hall. PLEASE BE ADVISED THAT IF THERE IS A CHANGE IN THE LOCATION OF THE MARRIAGE AND/OR A CHANGE IN THE DATE OF THE MARRIAGE, YOU WILL NEED TO SUBMIT A NEW APPLICATION
- ** Except Judges & members of the Legislature

COMMONWEALTH OF MASSACHUSETTS

One Day Marriage Designation Application

Valid for all applicants who reside in Massachusetts and for out-of-state applicants who are NOT court appointed officers or clergy members.

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		icate as they appear on t	
APPLICANT'S INFORMATION Ch	eck here if	you are a Judge or Justice:	
Name:			
Street:			
City/Town:		7in Code:	
Phone:	Zip Code: Date of Birth:		
Have you ever been convicted of a crime?	☐ NO	☐ YES - Please supp	ly a typed letter of explanation.
Party A Information		Party B Information	
Name:			
Street:			
City/Town:		City/Town:	
State: Zip Code:		State:	Zip Code:
Phone:			
Date of Birth:			
City/Town of Wedding Location:			
Date of Proposed Marriage:	·		-
APPLICATIONS THAT DO NOT CONTAIN	N THE RE	QUISITE CHECK AND	LETTER OF REFERENCE WILL
BE CONSIDERED INCOMPLETE AND	D WILL NO	OT BE PROCESSED (Pl	ease initial here)
ALL STATEMENTS MADE UNDER T	THE DENIA	Ι ΙΤΊΕς ΔΕ ΒΕΒ ΜΙΝΥ	(CTI ABTED 107 A.c£1026)
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